

MURFREESBORO WATER AND SEWER DEPARTMENT

300 NW Broad Street • P.O. Box 1477 • Murfreesboro, Tennessee 37133-1477 • phone: 615-890-0862 • fax: 615-896-4259

INDUSTRIAL WATER & SEWER USE EVALUATION

Please Print Plainly or Type

1. **Facility Name:** _____
(PROVIDE THE OFFICIAL OR LEGAL NAME OF THE FACILITY)

2. **Owner** - The name of the person, firm, or organization that legally owns the facility.

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

3. **Operator:** _____

If the operator is not the owner, provide the operator's name and address and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility.

4. **Facility Address** - The address where the facility is actually located.

Street: _____

City: _____ State: _____ Zip: _____

5. **Business Mailing Address** - The business address for day-to-day correspondence.

Street: _____

City: _____ State: _____ Zip: _____

6. **Facility Management** - The person responsible for overall facility operation.

Name: _____

Title: _____ Work Phone: _____

7. **Designated Facility Contact** - The person to contact for regular day-to-day business.

Name: _____

Title: _____ Work Phone: _____

8. Industrial Activity - Briefly describe all production, manufacturing and/or service operations.

9. Standard Industrial Classification Code (SIC) - List applicable codes and descriptions.

a. _____	b. _____
c. _____	d. _____
e. _____	f. _____

10. Water Sources - Indicate all water sources used by your facility.

<input type="checkbox"/> Murfreesboro Water Department	<input type="checkbox"/> Private well
<input type="checkbox"/> Other Water Utility	<input type="checkbox"/> Surface water (stream, pond, etc.)
<input type="checkbox"/> Storage tank (volume): _____	
<input type="checkbox"/> Other source (specify): _____	

11. Water Bill Information - provide information as shown on monthly bill.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Service Account Number(s): _____

12. Water Use - Indicate average usage and whether measured [M] or estimated [E].

	TYPE OF WATER USE	AMOUNT (GALLONS PER DAY)	M/E
a.	Contact Cooling		
b.	Non-Contact Cooling		
c.	Boiler Feed		
d.	Process		
e.	Sanitary		
f.	Air pollution control		
g.	Contained in product		
h.	Washdown		
i.	Irrigation		
j.	Other		
k.	TOTAL (lines a - j)		

13. Sewer Use

Is your facility presently connected to the sewer system?

☐ Yes☐ No

If "No" to above, are there plans to connect to the system?

☐ Yes☐ No

Is there a pending sewer service application?

☐ Yes☐ No

Are there plans to expand this facility within the next 2 years?

☐ Yes☐ No**14. Waste Discharge**

Is there any discharge to sewer other than domestic wastes?

☐ Yes☐ No**15. In-house Treatment**

Is any wastewater treated prior to discharge to the sewer?

☐ Yes☐ No**16. Materials Storage**

Do you have any chemical storage areas, tanks, bins, etc.?

☐ Yes☐ No**17. Floor Drains**

Are there any floor drains in your facility?

☐ Yes☐ No**18. Process Wastes**

Are any process wastes generated at this facility?

☐ Yes☐ No**19. Non-Sewered Wastes**

Is there any waste disposal other than sewer or trash?

☐ Yes☐ No

20. Employee and Shift Schedule Information

Provide the work schedule, days worked and the number of employees per shift.

	Work Schedule	Days of Week	Employees
a.			
b.			
c.			
d.			

21. Facility Size - Provide the total square footage of the areas listed below.

Office	Warehouse	Production	Total

22. Facility Layout

Attach a scale drawing showing the location of all buildings and structures on the facility premises. Show map orientation and location of all water meters, storm sewers, unit process areas, storage tanks, public sewers, floor drains, and all facility sewer lines connected to the public sewers.

23. Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Date

Name

Title